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**USPTO FACSIMILE COVER SHEET**

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To: Commissioner for Patents  
Fax Number: (571) 273-8300  
Date: October 19, 2006  
Pages: 14 pages (including this cover sheet)

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**MESSAGE:**

**METHOD AND SYSTEM FOR DYNAMIC PRICING**  
Application No. 09/804,729  
Examiner Freda Ann Nelson  
Art Unit 3639

Amendment Transmittal  
Petition and Fee for Extension of Time  
Amendment

(696.001)

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ERENCE & ASSOCIATES  
*Amendment Transmittal*

Atty. Docket No. 696.001

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Srinivasan et al.  
Serial No. : 09/804,729 Examiner : Freda Ann Nelson  
Filed : March 13, 2001 Group Art Unit : 3639  
For : METHOD AND SYSTEM FOR DYNAMIC PRICING

HON. COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1.  Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

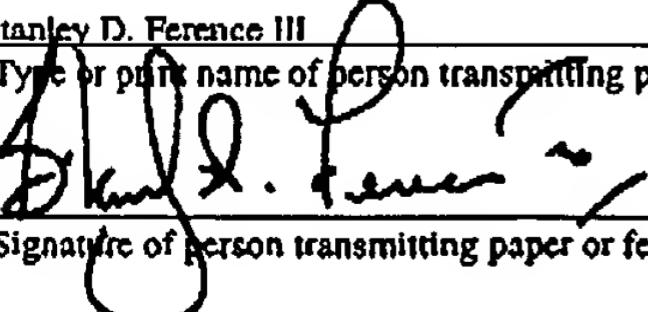
OR

2.  In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3.  Small Entity status under 37 C.F.R. 1.27 has previously been established.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on October 19, 2006 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III  
(Type or print name of person transmitting paper or fee)

  
(Signature of person transmitting paper or fee)

Page 1 of 2

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*Amendment Transmittal*

Atty. Docket No. 696.001

5.  Also enclosed: \_\_\_\_\_

6.  No additional filing fee is required.

7.  The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
				x	RATE \$25	=	O	x	RATE \$50
Total Claims	16	-	** 20	= *	0	x	O	x	=
Ind. Claims	1	-	*** 3	= *	0	x	O	x	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$180	=	O	+	\$360
						<u>TOTAL</u> = \$0	O		<u>TOTAL</u> = \$
							R		

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

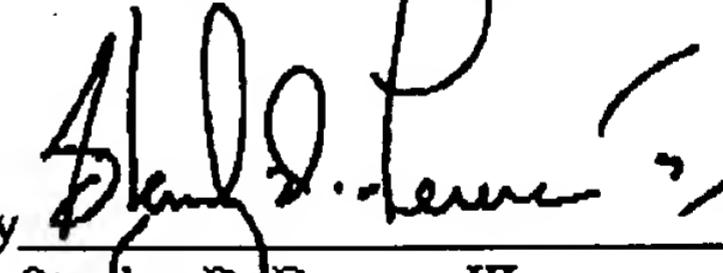
\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8.  Applicant encloses herewith a check for \$\_\_ to cover the filing fee.

Respectfully submitted,

FERENCE &amp; ASSOCIATES

By   
 Stanley D. Ference III  
 Reg. No. 33,879

Dated: October 19, 2006

Mailing Address:

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